

MULTIPLE DEPENDENT CLAIM
ITEM CALCULATION SHEET
(FOR USE WITH FORM PTO-870)

10-51446911

CLAIMS

	AS FILED IND. DEP.	AFTER AMENDMENT IND. DEP.	AFTER RE-AMENDMENT IND. DEP.		AS FILED IND. DEP.	AFTER AMENDMENT IND. DEP.	AFTER RE-AMENDMENT IND. DEP.
1					51		
2	/				52		
3					53		
4	/				54		
5					55		
6	/				56		
7					57		
8	/				58		
9	/				59		
10	/				60		
11					61		
12					62		
13					63		
14					64		
15					65		
16	/				66		
17	/				67		
18	/				68		
19	/				69		
20					70		
21	/				71		
22	/				72		
23	/				73		
24	/				74		
25					75		
26					76		
27					77		
28					78		
29					79		
30					80		
31					81		
32					82		
33					83		
34					84		
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36					86		
37					87		
38					88		
39					89		
40					90		
41					91		
42					92		
43					93		
44					94		
45					95		
46					96		
47					97		
48					98		
49					99		
50					100		
TOTAL IND.	4	↓	↓	↓	TOTAL IND.	↓	↓
TOTAL DEP.	20	←	←	←	TOTAL DEP.	←	←
TOTAL CLAIMS	24				TOTAL CLAIMS		